



COLORADO

Department of Health Care
Policy & Financing

2016 HCPF Legislative Agenda

Allow Clients to Get Health Maintenance Medications through the Mail

The bill would allow Medicaid clients the option to get their health maintenance prescriptions through the mail. Current statute only allows Medicaid clients to get their medications from mail order pharmacies in very limited circumstances – they can receive maintenance medications if they have a physical hardship that prevents them from going to a pharmacy or they have primary insurance that allows them to use a mail order pharmacy. The bill would also allow retail pharmacies with mail order programs to participate.

Allowing clients to get their health maintenance medications through the mail would improve client convenience, potentially increase drug adherence, and reduce dispensing fees which would save the state money.

Reduce Regulations for Medicaid Transportation Providers while Improving Safety

Non-Emergent Medical Transportation (NEMT) and Non-Medical Transportation (NMT) providers are currently regulated by the Public Utilities Commission (PUC) as common carriers. This level of regulation has proven troublesome to attract new providers since larger transportation providers regularly protest or block new applications. The state lacks an adequate number of NEMT and NMT providers largely due to the current regulation structure.

The bill would allow NEMT and NMT providers to be licensed as a “limited regulation carrier.” This type of license would still require regular vehicle inspections, driver background checks, and sufficient insurance as a common carrier but does not allow applications to be protested or blocked by other companies. Certain Medicaid transportation providers (i.e. buses owned by long-term care facilities) would not be included in this legislation since they are currently not licensed by the PUC.

Improve Department Efficiency by Eliminating Outdated Statutory Reports

The Department is currently required to submit 36 statutory reports, 32 of which are submitted annually. Some of these annual reports date back to 1991 – prior to the Department’s existence. As the Department has evolved over the last 20 years, some of the reports are now obsolete, but their requirements have remained in statute. The Department proposes repealing seven annual reports and a one-time report that ask for information that is duplicative of other reporting requirements or has become impracticable due to changes in health care or the Medicaid program.

Questions?

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Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.
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